

## 1

95814

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)		NORMAL WORK HOURS	
GS Staff for California Task Force 2 Event		PRIVATE VEHICLE LICENSE NUMBER	
		MILEAGE RATE CLAIMED	
		0.445	
I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		AGENCY ACCOUNTING OFFICE	
		USE ONLY	
		PAID BY REVOLVING FUND CHECK NUMBER	
		240927	
CLAIMANT'S SIGNATURE	DATE	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
	3/1/10		3/3/10
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES		DATE	

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD 262 (REV. 10/92)

CLAIMANT'S NAME Matthew David			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Deputy Chief of Staff			CB/D NUMBER			DIVISION OR BUREAU Communications		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			INDEX NUMBER		
CITY Sacramento			STATE California			ZIP 95814		

MONTH/YEAR 2/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
20-Feb	6 30am	SMF > BUR > DC	143.12					173.70				0.00	316.82
21-Feb		DC	143.12				6.00			35.00		0.00	184.12
22-Feb		DC > LA					6.00					0.00	6.00
23-Feb		LA					6.00					0.00	6.00
24-Feb	7pm	LA > SMF		2.61	10.00		6.00	173.70				0.00	192.31
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
SUBTOTALS			286.24	2.61	10.00	0.00	24.00	347.40	0.00	35.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$705.25	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)  
 Staff GS for NGA Conference; Staff for GS Bloom Energy; Staff for GS Obesity Summit

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240935

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

SIGNATURE OF OFFICER APPROVING TR

DATE

3/8/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE